## JOINT BOARD OF LICENSURE AND CERTIFICATION

## STATE OF NEW HAMPSHIRE

LOUISE LAVERTU EXECUTIVE DIRECTOR

Telephone 603-271-2219 Fax 271-7928 • 271-6990 57 Regional Drive Concord, N.H. 03301-8518 PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS



# PROFESSIONAL ENGINEER RENEWAL NOTICE

Our records indicate that your birthmonth is **November**; therefore, your renewal & fee is now due.

The renewal fee is \$150.00 for the ensuing two years and is payable on or before November 30, 2008. Please make check payable to: Treasurer, State of NH and submit with the completed form below. If you do not wish to renew your license, please check the space provided, so that we may update our records. The Board shall charge a late fee of \$30.00 for each month or fraction of a month the renewal is late, up to 12 months, in addition to the renewal fee.

Amo	ount enclosed \$ You may renew on-line at <a href="https://nhlicenses2.nh.gov/professional/">https://nhlicenses2.nh.gov/professional/</a>				
NAM	ME PE#				
HON	ME ADDRESS				
	HOME PHONE				
BUS	SINESS NAME & ADDRESS				
	WORK PHONE				
	(Please Circle Mailing Address)				
EMA	AIL ADDRESS——————————————————————————————————				
	\$150.00 -Yes, I do wish to renew \qquad \qquad No, I do not wish to renew.				
	\$30.00 - Retired Status: I am no longer receiving remuneration for professional engineering services				
	<b>If age 70 or older - The fee is waived if:</b> 70 years of age or older at time of renewal, and has held an engineering license continuously in NH for the 10 years immediately preceding the renewal.				
	First Time Renewal – No PDH's due. <i>Do not submit PDH log</i> .				
	I wish to be informed of all proposed Administrative Rule changes. I understand I will				

be assessed a nominal fee for copying and postage.

#### Page 2 PE Renewal Form

disciplinary action by the board:

SIGN HERE

CHECK ONE:	YES	NO
1. Have there been any legal judgments decided against you or your firmregarding your professional engineering activities?		
<ul><li>2. Have you had any disciplinary action brought against you for your services as a Professional Engineer?</li></ul>		
If yes, include complete details and submit on additiona	l sheet.	
RULES OF PROFESSIONAL CONDUCT:		
I certify to the best of my understanding, knowledge and belief that I and agree to abide by the ethical and professional standards of New Ha Administrative Rules Eng 500; and		
CONTINUING PROFESSIONAL DEVELOPMENT:		
I attest that the information contained in this form and the atta professional development activity log is true and correct to the best and belief and complies with the minimum of 30 professional development hours required by Eng 403.0 acknowledge that the provision of false information in the application	of my kno opment h 01 (b). I	owledge nours of further

# PDH ACTIVITY LOG INSTRUCTIONS

Signature

You must complete the attached continuing professional development activity log and **submit it to the Board** with your completed renewal form. The Board requires no other documentation at this time. The Board will conduct random audits to ensure compliance with continuing professional development requirements. If you are selected for an audit, you will be required to provide documentation of all activities claimed for continuing professional development credit.

It is important that a sufficient title/description be provided to identify the activity. You must provide the name of the sponsoring organization, the location, date, PDH's claimed for the activity and cumulative PDH's for the renewal period. **Incomplete activity logs will result in return of your renewal and delay in processing of the renewal of your license.** 

Find us on the world wide web at www.state.nh.us/jtboard/home.htm Renew on-line at https://nhlicenses2.nh.gov/professional/

# N H BOARD OF PROFESSIONAL ENGINEERS CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY LOG\*

FOR THE PERIOD			NAME:	
From: 12/1/06		To:11/30/08	PE LICENSE NO:	
	Date(s)	Na	ature of Activity and Sponsoring Organization	PDH's for this Activity
			ocation and Speaker/Instructor (As Applicable)	Cumulative PDH's for
				I DA GAN
		-		

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:	Amou	Amount Due:		
Card Type: (please circle one) Visa	Mastercard	(required)		
Card Number:	(re	equired)		
Expiration Date: Month: Y	Year:	(required)		
Billing Name and Address (your billing a card you are using.)	address must mat	tch the address associated with the credi		
Name on Card:				
Billing Address:				
City:				
State/Province:	_			
Zip/Postal Code:				
Country:				
Authorization Signature:				